

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700,961 FILING DATE

APPLICANT'S

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        |      |                        |      |                        |      |
| 2            | /        |      |                        |      |                        |      |
| 3            | /        |      |                        |      |                        |      |
| 4            | /        |      |                        |      |                        |      |
| 5            | /        |      |                        |      |                        |      |
| 6            | /        |      |                        |      |                        |      |
| 7            | /        |      |                        |      |                        |      |
| 8            | /        |      |                        |      |                        |      |
| 9            | /        |      |                        |      |                        |      |
| 10           | /        |      |                        |      |                        |      |
| 11           | /        |      |                        |      |                        |      |
| 12           | /        |      |                        |      |                        |      |
| 13           | /        |      |                        |      |                        |      |
| 14           | /        |      |                        |      |                        |      |
| 15           | /        |      |                        |      |                        |      |
| 16           | /        |      |                        |      |                        |      |
| 17           | /        |      |                        |      |                        |      |
| 18           | /        |      |                        |      |                        |      |
| 19           | /        |      |                        |      |                        |      |
| 20           | /        |      |                        |      |                        |      |
| 21           | /        |      |                        |      |                        |      |
| 22           |          |      |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
| 26           |          |      |                        |      |                        |      |
| 27           |          |      |                        |      |                        |      |
| 28           |          |      |                        |      |                        |      |
| 29           |          |      |                        |      |                        |      |
| 30           |          |      |                        |      |                        |      |
| 31           |          |      |                        |      |                        |      |
| 32           |          |      |                        |      |                        |      |
| 33           |          |      |                        |      |                        |      |
| 34           |          |      |                        |      |                        |      |
| 35           |          |      |                        |      |                        |      |
| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
| 41           |          |      |                        |      |                        |      |
| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
| 44           |          |      |                        |      |                        |      |
| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   | 5        |      |                        |      |                        |      |
| TOTAL DEP.   | 16       |      |                        |      |                        |      |
| TOTAL CLAIMS | 21       |      |                        |      |                        |      |

|              |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|
|              | * | * | * | * | * | * | * |
| 51           |   |   |   |   |   |   |   |
| 52           |   |   |   |   |   |   |   |
| 53           |   |   |   |   |   |   |   |
| 54           |   |   |   |   |   |   |   |
| 55           |   |   |   |   |   |   |   |
| 56           |   |   |   |   |   |   |   |
| 57           |   |   |   |   |   |   |   |
| 58           |   |   |   |   |   |   |   |
| 59           |   |   |   |   |   |   |   |
| 60           |   |   |   |   |   |   |   |
| 61           |   |   |   |   |   |   |   |
| 62           |   |   |   |   |   |   |   |
| 63           |   |   |   |   |   |   |   |
| 64           |   |   |   |   |   |   |   |
| 65           |   |   |   |   |   |   |   |
| 66           |   |   |   |   |   |   |   |
| 67           |   |   |   |   |   |   |   |
| 68           |   |   |   |   |   |   |   |
| 69           |   |   |   |   |   |   |   |
| 70           |   |   |   |   |   |   |   |
| 71           |   |   |   |   |   |   |   |
| 72           |   |   |   |   |   |   |   |
| 73           |   |   |   |   |   |   |   |
| 74           |   |   |   |   |   |   |   |
| 75           |   |   |   |   |   |   |   |
| 76           |   |   |   |   |   |   |   |
| 77           |   |   |   |   |   |   |   |
| 78           |   |   |   |   |   |   |   |
| 79           |   |   |   |   |   |   |   |
| 80           |   |   |   |   |   |   |   |
| 81           |   |   |   |   |   |   |   |
| 82           |   |   |   |   |   |   |   |
| 83           |   |   |   |   |   |   |   |
| 84           |   |   |   |   |   |   |   |
| 85           |   |   |   |   |   |   |   |
| 86           |   |   |   |   |   |   |   |
| 87           |   |   |   |   |   |   |   |
| 88           |   |   |   |   |   |   |   |
| 89           |   |   |   |   |   |   |   |
| 90           |   |   |   |   |   |   |   |
| 91           |   |   |   |   |   |   |   |
| 92           |   |   |   |   |   |   |   |
| 93           |   |   |   |   |   |   |   |
| 94           |   |   |   |   |   |   |   |
| 95           |   |   |   |   |   |   |   |
| 96           |   |   |   |   |   |   |   |
| 97           |   |   |   |   |   |   |   |
| 98           |   |   |   |   |   |   |   |
| 99           |   |   |   |   |   |   |   |
| 100          |   |   |   |   |   |   |   |
| TOTAL IND.   |   |   |   |   |   |   |   |
| TOTAL DEP.   |   |   |   |   |   |   |   |
| TOTAL CLAIMS |   |   |   |   |   |   |   |

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